

REPORTING	PERIOD:

MONTH YEAR

CASE NUMBER: _____

HOME PHONE NUMBER: () –

PLEASE NOTE - ALL INCOME OTHER THAN INCOME ASSISTANCE MUST BE REPORTED. IN THE CHART BELOW, EITHER CHECK "NO" OR REPORT THE AMOUNT RECEIVED THIS MONTH FOR EACH TYPE OF INCOME. EVERY QUESTION MUST BE ANSWERED EVEN IF "NO" APPLIES.

TYPE OF INCOME	NO	MONTHLY INCOME	TYPE OF INCOME	NO	MONTHLY INCOME
Wages (before deductions)			Autopac		
Tips and Gratuities			Life/Disability Insurance		
Family Day Care Operator			Maintenance/Child Support		
Self-Employment includes: caretaking child care/babysitting commission income farm income fur/fish sales			Pension Income includes: Canada Pension Plan (retirement, disability, survivor's/orphan's benefits) Old Age Security		
Back Pay/Vacation Pay			Guaranteed Income Supp.		
Employment Insurance			Spouse's Allowance		
Workers Compensation			War Veterans Allowance Private Pension		
Education/Training Support includes: educational bursary student loan training allowance			Property Revenue includes: boarder income roomer income property rental		
Winnings, Gifts (bingos, lotteries, slot machines)			Other Income (Specify)		
EMPLOYMENT INFORMATION:					
Current occupation		Pay	period Weekly Every tw	o weel	ks 🗌

Current occupation	
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Date employment began _____

Number of days worked this month ____

Next Pay Date NOTE: If the pay date is not indicated on a pay stub, please write the date you received the cheque on the pay stub.

Monthly

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Twice a month

If you left your employment this month, indicate the date your employment ended ____

Reason for leaving

Please attach a copy of your "Record of Employment" (separation slip) and written confirmation from Employment Insurance (EI) that you have applied for EI benefits.

AG-199E (Rev 12/20)

EMPLOYER INFORMATION Employer #1			Employer #2		
Name		Na	me		
Address		Ad	dress		
Telephone () –			Telephone () –		
TRANSPORTATION	TRANSPORTATION				
Type of transportation used:If you live where bus transportation is not available, how manyBusPrivate vehiclekilometers (km) are you required toOther (specify)travel each day to go to and from work?					
CHILD CARE EXPENSES Complete this section if you paid for child care while you were working this month. Please provide the following information on <u>each</u> child care arrangement for <u>each</u> child and on each child care provider. IMPORTANT: PLEASE ENCLOSE RECEIPTS FOR ALL CHILD CARE COSTS.					
Child's Name	Subsi Yes	dized No	Number of days child care required this month	Amount you paid for child care this month	
Child Care Provider # 1		Child	Care Provider # 2		
		Name			
			Address		
Telephone () –			Telephone () –		
Is child care provider a relative? Yes No I		Is child care provider a relative? Yes No			
If "Yes", state relationship			If "Yes", state relationship		
IMPORTANT: Verification of earnings and expenses is a requirement. PLEASE FORWARD YOUR INCOME DECLARATION STATEMENT AND ORIGINAL CHEQUE STUBS AND PAYMENT RECEIPTS AFTER YOU HAVE RECEIVED					

DECLARATION STATEMENT AND ORIGINAL CHEQUE STUBS AND PAYMENT RECEIPTS AFTER YOU HAVE RECEIVED THE LAST INCOME FOR THE MONTH. Your eligibility for income assistance will be assessed after this Income Declaration has been reviewed by your financial worker. If any questions arise, your financial worker will contact you.

The **original cheque stubs and receipts will be kept on file** in the Manitoba Income Support Programs office. If you require a copy of these items, a photocopy should be made before submitting them with the Income Declaration.

DECLARATION:

I declare that the information given in this Income Declaration is true, correct and complete, and that I have not withheld any information which may have an effect on my income assistance. I give the representative of Manitoba Income Support Programs permission to verify any of the information submitted.

Signature of Person	Declaring	Income
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Date

OFFICE USE ONLY:				
Data Entry By:	Date:			
Assistance Issued: \$	Local Daily			